



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: RIVERVIEW HOSPITAL

City of Hospital: Noblesville

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Jayna Friend

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Medicare Provider Number: 155059

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$162400605
Outpatient Patient Service Revenue	\$397803016
Total Gross Patient Service Revenue	\$560203621

2. Deductions From Revenue

Contractual Allowance	\$344602887
Other Deductions	\$12420185
Total Deductions	\$357023072

3. Total Operating Revenue

Net Patient Service Revenue	\$203180549
Other Operating Revenue	\$15418199
Total Operating Revenue	\$218598748

4. Operating Expenses

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Salaries and Wages	\$84910805	Employee Benefits	\$17393002
Depreciation and Amortization	\$18036407	Interest Expense	\$2327861
Bad Debt	\$13011403	Other Expenses	\$117548767
Total Operating Expenses	\$253228245		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-34629498	Total Assets	\$352713000
Net Non-operating Gains over Loss	\$5842213	Total Liabilities	\$352713000
Total Net Gains	\$-28787285		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$271618901	\$184700853	\$86918048
Medicaid	\$57537865	\$40276506	\$17261359
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$231046855	\$119625528	\$111421327
Total	\$560203621	\$344602887	\$215600734

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$13011403	
HCI Payments	\$0		
Subtotal	\$0	\$13011403	\$-13011403
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$2,983,613		

	Subtotal	\$2983613	\$0	\$2983613
Medicare Shortfalls		\$0	\$0	
Other Government Programs		\$0	\$8818222	
	Total	\$2983613	\$8818222	\$-5834609

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$-13011403
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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